

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

68-050224

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

317
FILED JAN 3 1964

547

3849

1. PLACE OF DEATH

a. COUNTY St. Louis.

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN Richmond Heights, Mo.

Length of stay in 1b
35 days

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION St. Mary's Hospital

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Illinois b. COUNTY Marion

c. CITY OR TOWN Salem

Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)
318 W Schwartz

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED

First Middle Last
William Thomas Griffin

4. DATE OF DEATH
December 14, 1963

5. SEX
Male

6. COLOR OR RACE
White

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH
9/2/1878

9. AGE (last birthday)
85

IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Retired Carpenter

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)
Alton, Ill.

12. CITIZEN OF WHAT COUNTRY
U.S.

13a. FATHER'S NAME

George Washington Griffin

13b. MOTHER'S MAIDEN NAME

Unknown

14. NAME OF HUSBAND OR WIFE

Grace Friffin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
No

16. SOCIAL SECURITY NO.

17. INFORMANT
Grace Griffin, Salem, Ill.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Cerebral Infarction
THROMBOSIS Vertebral Artery.

INTERVAL BETWEEN ONSET AND DEATH
ACUTE

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

MULTIPLE PULMONARY Emboli.

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☒ NO ☐

20a. ACCIDENT SUICIDE HOMICIDE
☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour a.m. p.m.
Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 11-10-63 to 12-14-63 and last saw him alive on 12-14-63
Death occurred at 12:45 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Deceased's title)

22b. ADDRESS

3915 WATSON RD.

22c. DATE SIGNED
12/16/63

23a. BURIAL, CREMATION, REMOVAL (Specify)
Removal

23b. DATE
12-17-63

23c. NAME OF CEMETERY OR CREMATORY
East Lawn Cemetery

23d. LOCATION (City, town, or county)
Salem, Ill.

(State)

24. FUNERAL DIRECTOR

Albert H. Hoppe Inc., 4700 Washington, Blvd. 12-17-63

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

John E. Murphy m8

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

INSTEAD OF

BY AFFIDAVIT OF

DOCUMENT

DATE AMENDED

VS 300
Rev. 4/59

1 4005

2 8120

3 2

4 0

5 1

6

7 1

8 1

9 454X

10

11

12 46-0

13

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Eleonore R. Penick

Licensed Embalmer No.

4283

P. O. Address

St. Louis, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.